

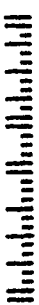
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/003/037 11/22/02

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
BRUCE ANDERSON - NORTHSHORE LIMITED
 Street, Apt. No. or PO Box No.
1990 W 3300 S
 City, State, ZIP+4
OGDEN UT 84401



Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, & 4b.
- Print your name and add. on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece back; the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

BRUCE ANDERSON
NORTHSHORE LIMITED PARTNERSHIP
1990 W 3300 S
OGDEN UT 84401

4a. Article Number

7099 3400 0016 8895 4708

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

12-4-02

5. Received By: (Print Name)

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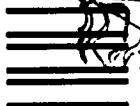
6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

First-Class Mail
 Priority Mail
 Registered Mail
 Return Receipt-G-10



UNITED STATES POSTAL SERVICE

Print your name, address, and ZIP Code in this box.

RECEIVED
DEC 5 2002

Joelle Burns
State of Utah
Division of Oil, Gas and Mining
1594 West North Temple Ste 1210
Salt Lake City, UT 84114-5801

